

## Minnesota Board of Cosmetologist Examiners

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# **Homebound Service Permit Application**

A Homebound Service Permit (HSP) is what was formerly known as a Certificate of Identification.

HSPs cannot be renewed; a new application is required for each license cycle.

#### The following must be submitted for your application to be processed:

- Completed Application
- Fee: \$50
  - · Checks or money orders may be made payable to "BCE".
- Current Minnesota Operator or Salon Manager License Number
  - This license must remain active and current for your HSP to remain valid.
- Experience Verification Form
  - You must document at least 2700 hours of work experience in any licensed salon(s) in Minnesota.
- Current Salon Affiliation
  - · Signature of the salon owner is required.
  - · If your salon affiliation changes or ends, the HSP is no longer valid.

### **Applicant Information**

The data which you furnish on this application will be used by the BCE to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the BCE may be unable to process this application. Disclosure of your Social Security Number (SSN) is required by Minnesota Statutes 270C.72 and your SSN may be requested by and released to the Minnesota Commissioner of Revenue. The BCE may use your SSN for revenue recapture as authorized by Minnesota Statutes, Chapter 270A. After issuance of a license, all information contained in this application, except your SSN, will be public information pursuant to Minnesota Statutes 604.113 and 609.535 the BCE is authorized to charge a service charge of \$30.00 for any check that is returned for non-sufficient funds.

4/2016

Social Security Number	Date of	Birth	License Number		
First Name	irst Name Middle Initial		Last Name		
Residential Address					
City			State	Zip Code	
Email Address		Phone Number			
		For Office Use On	ly		
Staff Initials:	_Check/MO/ Receipt Number	<u>.</u>	Amount Paid:		
Application Number:	License Numb	er:	Date Processed:		

### **Current Salon Affiliation**

Please fill in the requested information for the salon where you are currently working.

This is the salon which you will be representing when working in a licensed healthcare facility or in the residence of a homebound individual. The HSP must remain at the salon at all times except when it is being used. If your employment at this salon ends, your HSP is longer valid.

Salon Name	Owner Name	Salon License Number				
Salon Address		Salon Phone Number				
City	State	Zip Code				
Certification and Authorization of Salon Owner						
I certify the above named applicant currently practices at this salon.						
<ul> <li>I authorize the above named applicant to obtain and use a HSP in compliance with Minnesota Rule 2105.0450.</li> </ul>						
<ul> <li>I understand my responsibility to ensure that the use of the HSP conforms to Minnesota Rule 2105.0450.</li> </ul>						
<ul> <li>I understand the HSP must remain at this salon at all times except when in use outside of the salon.</li> </ul>						
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Salon Owner Signature	Da	te				

# **Experience Verification Form**

Document your work experience below. You must have at least 2700 hours of licensed practice in Minnesota.

Salon Name	Owner Name	Salon License Number
Salon Address		Salon Phone Number
City	State	Zip Code
Average Hours Worked Per Week	Employment Start Date	Employment End Date
Salon Name	Owner Name	Salon License Number
Salon Address		Salon Phone Number
City	State	Zip Code
Average Hours Worked Per Week	Employment Start Date	Employment End Date

### **Licensee Responsibility**

#### **Change of Current Salon Affiliation**

If you change salons or stop working at the above named salon, the HSP will no longer be valid. If you
begin working at a new salon, you may apply for a new HSP.

#### **Change of Name or Address**

- If you change your name, you must notify the BCE within 30 days by submitting a Name Change Form with legal name change documentation.
- You must inform the BCE of an address change within 30 days. This update can be made online.

#### **Current License Verification**

It is your obligation to ensure the salon you work in has a current license and that your individual license is also current and active. You can check a license status at <a href="https://www.bceboard.state.mn.us">www.bceboard.state.mn.us</a> using the License Lookup.

#### **Cosmetology Laws and Rules**

 Cosmetology law and rule books are available for purchase from Minnesota's Bookstore. Please call 651-297-3000 or visit <u>www.minnesotasbookstore.com</u> to order. The laws and rules may also be viewed at <u>www.bceboard.state.mn.us</u>.

### **Application Certification**

- I certify that I have accumulated at least 2700 hours of licensed work experience.
- I certify that I will only use the Homebound Service Permit (HSP) while working with the salon listed above. If my employment changes, I will apply for a new HSP.
- I certify that I will use the HSP in compliance with Minnesota Rule 2105.0450.
- I certify that I will represent the salon listed above when using the HSP at a licensed healthcare facility or in the residence of a homebound individual.

I attest that the information submitted with this application is true and correct. I also certify that this document has not been altered or changed in any manner from the form adopted by the Board of Cosmetologist Examiners.

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Applicant Signature	Dat	te	

Allow up to 15 business days for application processing. Incomplete applications will be returned for corrections.